

Bracy v. City of Los Angeles
Case No. CV 13-9350 JC
Exhibit “B”

Liz Holakiewicz & Associates

Nurse Consultants

June 11, 2015

Brian Dunn, Esq.
The Cochran Firm
4929 Wilshire Blvd #1010
Los Angeles, CA 90010

Re Emmanuel Bracy
DOB 11/1/87

At your request, I reviewed the following medical records:

California State Prison, and additional records from California State Prison
LAC USC Medical Center Billing
LAC USC Medical records 2 volumes
Providence Holy Cross Records 4 volumes
Deposition of Emmanuel Bracy
Kaiser records vol 1 and 2

Initial Diagnoses:

Blast injury to the left shoulder involving the deltopectoral area and brachial plexus
Penetrating injury to the left jaw with bullet fragments
Bullet fragments in the left maxillary sinus, left facial area, superior left shoulder left superior paraspinal area and lateral chest.
Incomplete paraplegia

Studies showed:

- Fractured left maxillary sinus,
- Fractured left superior alveolar ridge,
- Fractured left mandibular, coronoid process
- Fractured scapula, comminuted
- Fractured clavicle, comminuted
- Fracture left superior humerus
- Fractured left rib.
- Fractured Left aspect of T1 and T2 vertebral bodies with hematoma form T3-5. Bullet lodged in left T1-2, T 4, Levoscoliosis centered at T7
- Small subarachnoid hemorrhage in the right superior parietal occipital area of the brain with contusion.

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Procedures:

- I and D and debridement of complex open fracture left scapula, scapular body and acromion, humerus
- Internal fixation of left scapula, Left brachial plexus surgery
- Latissimusdorsi flap and split thickness grafting left shoulder
- Formaminotomy C7-T5 to decompress epidural hematoma
- IVC filter placement
- Chest tube placement for left hemopneumothorax removed 7/13/10
- Left subclavian artery and vein exploration

Medication listing as of 5/10/2014

Bisacodyl 5 mg, 2 tablets daily as needed for constipation

Calcium Polycarbophil 625 mg twice daily with 8 ounces of water

Hydrocortisone cream 1% to buttocks twice daily

HydroxyPamoate 50 mg at bedtime

Mirtazapine (Remron) 15 mg every night at bedtime

Tizanidine 2 mg three times per day also Baclofen 20 mg three times per day (2/27/14)

Interview

I met with Mr. Bracy at the Lancaster prison, accompanied by Theresa Scott of the Cochran firm. Mr. Bracy attended the visit in a manual wheelchair with a wheelchair cushion. He reports he is 5'8" tall and weights about 145 pounds. He is right hand dominant.

He told me that he has no history of medical problems or surgeries other than the current injury. He has had no fractures or accidents.

He has 4 siblings age 18, 19, 20, 23; three sisters and one brother. All are healthy. His parents are both alive and well, that he is aware: Mom age 51 and dad age 54.

Mr. Bracy said he takes the following medications: Remron, Baclofen, and a stool softener as needed. He believes there is another medication but he cannot recall the name. He thinks his medications are the same as those listed last year in his records.

He is not on a special diet and denies any allergies to food or medications.

Mr. Bracy had physical therapy early on in his recovery. A therapist evaluated him and provided an AFO brace. He thinks that was a year ago. He is not exercising other than walking behind his wheelchair in the yard. The therapist gave him exercises to perform: he defined this as standing on his toes and moving up and down. He could not describe any other exercises.

Physical Limitations

Mr. Bracy is not sure if he is able to ***crawl or kneel***. He has not tried this. He was able to get up from the floor using the rails around the commode in his cell. He is not able to use a tricep lift because of the limited left shoulder range of motion and strength.

He is able to ***sit*** for at least an hour. He knows how to do weight shifts.

He is able to ***stand*** for 5-10 minutes at a time.

He can ***walk*** ½ the distance in the yard, which he estimates is 20 meters. He remarks that he does this 2-3 times a week. I observed him walk behind his wheelchair in the hallway outside the interview room. He was able to transfer from the wheelchair to a standing position and then maneuver the wheelchair so he was positioned behind it. He pivoted around the chair and came down the hallway towards me. He did this independently. He walked behind the wheelchair for the length of a 30-40 foot hallway. He was not wearing the AFO brace provided by the therapist. He dragged his left toe. His gait is halting and spastic. He estimates that he spends 20% of the day walking behind his wheelchair. He has someone wheel him around for the remaining time. He is able to use a walker but the wheelchair is easier for him to push around.

He is not able to ***run***.

He can ***climb*** stairs if there is a railing. He can also climb the stairs with the support of another person at his side.

He has fallen a few times, usually when trying to walk. His leg will give way or the wheelchair would get away from him.

He has limited ***reach*** with the left arm. His right arm motion and range appears normal.

He is not ***carrying*** items. He has not tried ***pushing or pulling*** other than walking behind his wheelchair.

He has no issues with ***fingering*** skills.

He reports decreased **sensation** in both legs from the knees down. The inner thigh is hypersensitive. Touch here triggers spasms in his lower extremities. The touch is not a painful sensation.

His **lower extremity gross motor skills** are weak: left weaker than the right. He is able to point the toe of both feet. He is able to lift the right leg while sitting in the wheelchair, but only minimally lift the left. He is able to extend from the knee in both lower legs but the left

is weaker. I did not approach him to provide resistance. He indicates his lower extremities are not coordinated in their movement. I observed a stilted uneven gait when he walked for me. He does not feel that he could use his feet to drive because of the spasms he experiences.

He **sleeps** fine except when he has nightmares.

He feels his **stamina** limits his activities. Spasms play into this.

Review of systems

Neurological: Mr. Bracy reports memory issues: forgetting things often. Mostly short term memory issues. He is, however, able to remember to take his medications regularly. He has to go to get his medications throughout the day.

He denies headaches, fainting or dizziness. He denies a history of seizures.

He denies episodes of autonomic dyreflexia.

Musculoskeletal, Spasms: He has recurrent spasms in both legs. He has to use the wheelchair in order to walk. Spasms in the legs limit his ability to walk. He takes Baclofen three times a day for this but he feels it doesn't relieve the spasms. He denies pain in his legs, only a tightening sensation. The legs automatically tighten upon awakening or position changes.

I observed many spasms during the interview, mostly on the right side. I observed a fine tremor when he tried to place his foot on the floor. He also develops spasms after walking. He needs to make slow movements and warm up in order to minimize the spasms.

Shoulder range of motion on the left is limited. He cannot lift his arm to shoulder level or above his head. He feels the left grip in his hand is limited. He uses the right for most activities.

He reports *pain* in his back. He is unable to stand for long periods because the pain in his back limits him. He needs to sit in his chair or lean against something to relieve the pain with standing. He remarks that it is an aching stabbing sensation in his left mid back. He does not request medication for this. It is relieved by providing his back with support either in sitting or leaning against something. He believes he can stand for 5-10 minutes.

His *balance* is poor. He has fallen.

Emotional: Mr. Bracy said he takes Remron. He has troublesome nightmares and flashbacks of the shooting. He is depressed. He also has nightmare of being trapped in a car thinking he will be shot but wakes before it happens.

Cardiovascular: He denies chest pain, palpitations or shortness of breath. He does not have high blood pressure, by his report. He has no swelling in his feet or ankles.

Respiratory: Has persistent dry cough. No sputum is produced. It occurs throughout the night and day.

Urinary: He is able to urinate without need for catheterization. He denies bladder infections. He has episodes where he feels unable to urinate. He also has occasional episodes where he loses control of his bladder, usually at night. He has urgency during the day. He has episodes of leaking because he cannot get to bathroom quickly enough. He has had no ultrasound of the bladder/kidneys, that he is aware.

Sexual function: He is able to have an erection and can ejaculate. He is not certain about the ability to sustain an erection.

Bowel: He is continent of bowel for the most part though he reports having accidents a couple times a month. He only has one bowel movement a week. He used a suppository for his bowel program when in the hospital and had a movement 2 x week. He now takes a stool softener, as needed. He no longer uses a suppository or the fiber supplement. His stool is very hard and it takes him quite a while to expel it. There are rails around the commode in his cell. The cell is wheelchair accessible.

Vision: He denies vision issues. He does have a retained bullet fragment right under his left eye.

He has a plate in his jaw and lost one tooth on the left side. He is able to open his jaw, but not very wide.

His hearing is ok.

He has retained hardware in the shoulder.

Activities of Daily Living

He is able to shower independently at present. He uses a shower with a bench. HE transfers from the wheelchair to the bench independently.

He is able to apply deodorant, comb his hair, shave and shampoo without assistance. He bites his fingernails and reports that his toenails have not been cut in the past 18 months.

He thinks he has a sore on his bottom. It apparently bleeds. He cannot see it. I asked the guards to observe the sore on his buttocks, but was denied.

He needs assistance with laundry.

He uses an overhead bar to roll side to side in the bunk. He has not tried to turn over.

His is able to dress independently. He ties his shoes before slipping them on.

He is able to write.

He is not able to bend over from a standing position to get something from the floor. He is able to bend at the waist when seated.

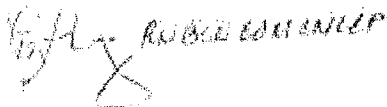
He uses his hands to push his wheelchair. He is able to apply the brake. I observed this personally. He is independent in his transfers from the wheelchair. He has not dealt with inclines, only flat surfaces. If there is a threshold then an aid will push his chair over the threshold for him. It is hard to push the chair in the yard. He has not tried ramps or curbs. He cannot get through rough terrain on his own. He is not lifting the chair and is not sure he would be able to accomplish this.

He knows how to do a weight shift.

The anticipated care needs of Mr. Bracy are outlined in the attached tables.

Thank you for the opportunity to assist you in evaluating Mr. Bracy's future care needs.

Submitted by:

A handwritten signature in black ink, appearing to read "Liz Holakiewicz".

Liz Holakiewicz, RN, BSN, CCM, CNLCP